



SAF – NOTICE OF WITHDRAWAL

The attached forms are required to be used when the Eligible Person or Designated Representative of an owner or operator proceeds pursuant to the withdrawal process one or more components of a submitted State Assurance Fund Reimbursement Application, Preapproval Application or Direct Payment Request.

Form #W-1 is to be used when the Application or Request is withdrawn in its entirety. The SAF will evaluate completed forms upon receipt. The form will not be accepted for withdrawal of an Application or Request if a final determination has been issued or the interim determination has become final pursuant to A.R.S. § 49-1091(E).

Form #W-2 is to be used when only specific components of the Application or Request are withdrawn. The SAF will evaluate completed forms upon receipt. The form will not be accepted for withdrawal of a component of the Application or Request if a final determination has been issued or the interim determination has become final pursuant to A.R.S. § 49-1091(E).

Form #W-3 is to be used when the Eligible Person or the Designated Representative of an owner or operator requests coverage for activities and associated costs that were previously withdrawn from consideration in another SAF Application or Request. *This form should NOT be used if the activities and associated costs were withdrawn pursuant to a settlement agreement during the formal appeals process (*use form #W-4).*

Form #W-4 is to be used when the Eligible Person or the Designated Representative of an owner or operator requests coverage for activities and associated costs that were previously withdrawn from consideration in another SAF Application or Request *pursuant to a settlement agreement during the formal appeals process.*

W-1. NOTICE OF WITHDRAWAL OF ENTIRE SAF APPLICATION OR REQUEST:

This form is to be used when the Application or Request is withdrawn in its entirety. The SAF will evaluate completed forms upon receipt. The form will not be accepted for withdrawal of an Application or Request if a final determination has been issued or the interim determination has become final pursuant to A.R.S. § 49-1091(E).

I hereby notify the Arizona Department of Environmental Quality of my withdrawal from further consideration of the following (please check the applicable item and provide the appropriate application or request number):

☐ SAF Reimbursement Application No.: _____

☐ SAF Preapproval Application No.: _____

☐ SAF Direct Payment Request No.: _____

I understand that the SAF will close the file for the referenced application or request identified above.

Signature of Eligible Person or
Designated Representative of Owner or Operator

Date

W-2. NOTICE OF WITHDRAWAL OF ONE OR MORE COMPONENTS OF AN APPLICATION OR REQUEST:

This form is to be used when only specific components of the Application or Request are withdrawn. The SAF will evaluate completed forms upon receipt. The form will not be accepted for withdrawal of a component of the Application or Request if a final determination has been issued or the interim determination has become final pursuant to A.R.S. § 49-1091(E).

I hereby notify the Arizona Department of Environmental Quality of my withdrawal of specific components from the following (please check the applicable item and provide the appropriate application or request number):

☐ SAF Reimbursement Application No.: _____

☐ SAF Preapproval Application No.: _____

☐ SAF Direct Payment Request No.: _____

A copy of the Cost Work Sheet that was originally submitted with the above-referenced Application or Request is attached. The component(s) to be withdrawn are identified on this Cost Work Sheet.

To identify the component(s) to be withdrawn on the Cost Work Sheet:

- strike through the line containing a component that is being withdrawn and use a unique footnote in/or adjacent to the last column on the worksheet.
- Provide detail for the footnote that includes the number of units or costs being withdrawn from that line.

I understand that as of this date, the activities and associated costs that have been identified as withdrawn, will not be reviewed for approval on the above-referenced Application or Request.

Signature of Eligible Person or
Designated Representative of Owner or Operator

Date

W-3. NOTICE OF INCLUSION OF PREVIOUSLY WITHDRAWN CLAIMED ACTIVITY AND ASSOCIATED COST:

*This form is to be used when the Eligible Person or the Designated Representative of an owner or operator requests coverage for activities and associated costs that were previously withdrawn from consideration in another SAF Application or Request. This form should NOT be used if the activities and associated costs were withdrawn pursuant to a settlement agreement during the formal appeals process (*use form #W-4).*

I hereby notify the Arizona Department of Environmental Quality of the inclusion in the following (please check the applicable item):

- ☐ SAF Reimbursement Application
- ☐ SAF Preapproval Application
- ☐ SAF Direct Payment Request

(hereinafter referred to as "current Application or Request") of claim for certain activities and associated cost which were included in a previously submitted SAF Application or Request and withdrawn from consideration.

A copy of each applicable "Notice of Withdrawal" which includes activities and associated costs now included in the current Application or Request is attached.

☐ The current Application or Request, in its entirety, was previously withdrawn. The current Application or Request is identical to Application or Request Number(s):_____

☐ The component(s) of the current Application or Request that were previously withdrawn are identified on the attached Cost Work Sheet.

To identify costs previously withdrawn:

- Place a unique footnote in/or adjacent to the last column on the Cost Work Sheet for the current Application or Request. This footnote should include a reference to the previous Application or Request from which the costs were withdrawn.

Signature of Eligible Person or
Designated Representative of Owner or Operator

Date

W-4. NOTICE OF INCLUSION OF CLAIMED ACTIVITY AND ASSOCIATED COST THAT WERE PREVIOUSLY WITHDRAWN DURING THE FORMAL APPEAL PROCESS:

This form is to be used when the Eligible Person or the Designated Representative of an owner or operator requests coverage for activities and associated costs that were previously withdrawn from consideration in another SAF Application or Request pursuant to a settlement agreement during the formal appeals process.

I hereby notify the Arizona Department of Environmental Quality of the inclusion in the following (please check the applicable item):

☐ SAF Reimbursement Application

☐ SAF Preapproval Application

☐ SAF Direct Payment Request

(hereinafter referred to as "current Application or Request") of claim for certain activities and associated cost which were included in a previously submitted SAF Application or Request and withdrawn from consideration through a Settlement Agreement.

A copy of each applicable Settlement Agreement which includes activities and associated costs now included in the current Application or Request is attached.

☐ The current Application or Request, in its entirety, was previously withdrawn. The current Application or Request is identical to Application or Request Number(s):_____

☐ The component(s) of the current Application or Request that were previously withdrawn are identified on the attached Cost Work Sheet.

To identify costs previously withdrawn:

- Place a unique footnote in/or adjacent to the last column on the Cost Work Sheet for the current Application or Request. This footnote should include a reference to the previous Application or Request from which the costs were withdrawn.

Signature of Eligible Person or
Designated Representative of Owner or Operator

Date